



**H. 183 – A Bill Related to Sexual Violence**  
**Sarah Robinson, Deputy Director**  
**House Judiciary Committee – February 10, 2021**

Thank you for the invitation to provide testimony on H. 183, a bill which seeks to address and improve Vermont's system of response to sexual violence.

**Background and Context**

Sexual violence is a significant issue which impacts thousands of Vermonters each year. In the United States, approximately 1 in 5 women (19.3%) have experienced rape or attempted rape in their lifetime, and over 1 in 3 women (43.9%) have experienced other forms of sexual violence, such as sexual coercion or unwanted sexual contact<sup>1</sup>. Although national prevalence studies indicate that women carry the greatest burden of sexual violence over their lifetimes, men are also impacted by sexual violence. As with other forms of violence, some communities are disproportionately impacted by sexual violence – including Black, indigenous, and other people of color (BIPOC) and transgender and non-gender conforming individuals.

Vermont is not exempt from the significant impacts of sexual violence. In 2019, 1,408 individuals reached out to a Vermont Network Member Organization for assistance with some form of sexual violence. One in 10 female students in Vermont report being physically forced to have sexual intercourse when they did not want to<sup>2</sup>. Students of color in Vermont are more likely than white students to have ever been forced to have sexual intercourse, and LGBTQ students are more than three times as likely to be forced to have sexual intercourse compared to heterosexual or cisgender peers

H. 183 will strengthen Vermont's response to sexual violence in several ways:

**Update and Modernize Vermont's Consent Statute**

As understandings of sexual violence and its impacts have evolved over the past several decades, so too have definitions of consent. H.183 proposes to update and modernize Vermont's consent statute accordingly. The definition in H.183 more accurately captures situations involving drug-facilitated sexual assault and clarifies that lack of verbal or physical resistance, a previous dating relationship or the manner of dress of the victim do not constitute consent to sexual assault. H.183 also updates the statute as it relates to individuals who are unable to consent to sexual conduct due to a disability. Of significance, Vermonters living with a disability are twice as likely as those without a disability to experience sexual or intimate partner violence<sup>3</sup>.

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<sup>1</sup> Centers for Disease Control, National Intimate Partner and Sexual Violence Survey (NISVS), 2019

<sup>2</sup> 2017 Vermont Youth Risk Behavior Survey, Vermont Department of Health

<sup>3</sup> 2015 Vermont Behavioral Risk Factor Surveillance System



### **Data Collection**

H. 183 will create data reporting requirements which will help support the legal system's response to sexual violence. Despite the high prevalence of sexual violence, sexual assault remains an extremely underreported crime. Nearly 80% of sexual assaults are unreported<sup>4</sup>. Because of this, it is especially important that when a survivor chooses to report a sexual assault, the legal system provides a robust and reliable response. Ensuring that this data is publicly available annually will assist in future reform efforts to better target system improvements.

### **Expands Forensic Medical Care for Victims**

H. 183 includes funding to begin an expansion of forensic medical care to primary care or reproductive healthcare settings. Vermont's Forensic Nursing Program (formerly the Sexual Assault Nurse Examiner Program) trains and supports a cadre of over 100 nurses statewide to provide specialized medical care and forensic evidence collection for child, adult and adolescent victims of sexual assault and domestic violence. A standardized evidence kit and procedure is used to preserve forensic evidence. In 2020, 318 adults and 67 children were treated by a credentialed forensic nurse in Vermont. Currently, this care is only available in hospital emergency department settings. This expansion will help ensure that additional victims and survivors are able to access this care in familiar settings with trusted providers and is integrated with their broader healthcare needs.

### **Coordinates Responses in Higher Education**

H. 183 establishes the Intercollegiate Sexual Violence Prevention Council. The establishment of this Council was a key recommendation of the Legislative Task Force on Campus Sexual Harm (report attached) and will serve to coordinate and innovate responses to sexual violence on college campuses across Vermont. One in five female students and just over one in five transgender students are sexually assaulted on college campuses.<sup>5</sup> Women ages 18-24 are four times more likely than women of other ages to experience sexual violence.<sup>6</sup> Sexual violence within institutions of higher learning is complex, due to issues such as student privacy, Title IX proceedings, and variable law enforcement involvement in campus sexual assaults. The Intercollegiate Sexual Violence Prevention Council proposed in H. 183 will assist in ensuring that responses and prevention efforts on campuses across Vermont are coordinated, and resources and best practices are shared across large and small private and public institutions.

Thank you for taking testimony on H. 183.

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<sup>4</sup> <https://www.bjs.gov/content/pub/pdf/cv16.pdf>

<sup>5</sup> David Cantor, Bonnie Fisher, Susan Chibnall, Reanna Townsend, et. al. Association of American Universities (AAU), Report on the AAU Campus Climate Survey on Sexual Assault and Sexual Misconduct (September 21, 2015).

<sup>6</sup> Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Rape and Sexual Victimization Among College-Aged Females, 1995-2013 (2014).